



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

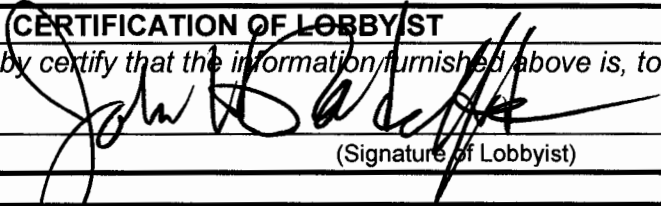
|   |         |            |              |
|---|---------|------------|--------------|
| <b>PART I LOBBYIST</b>  |         |            |              |
| NAME(Last)  | (First) | (Middle)   | TELEPHONE    |
| RADCLIFFE   | JOHN    | H.         | 808/531-4551 |
| MAILING ADDRESS (Street)  |         |            | FAX          |
| 222 SOUTH VINEYARD STREET, SUITE 401  |         |            | 808/533-4601 |
| (City)  | (State) | (Zip Code) |              |
| HONOLULU  | HAWAII  | 96813-2453 |              |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |         |            | TELEPHONE    |
| CAPITOL CONSULTANTS OF HAWAII   |         |            | 808/531-4551 |
| MAILING ADDRESS (Street)  |         |            | FAX          |
| 222 SOUTH VINEYARD STREET, SUITE 401  |         |            | 808/533-4601 |
| (City)  | (State) | (Zip Code) |              |
| HONOLULU  | HAWAII  | 96813-2453 |              |


|  |         |                        |
|--|---------|------------------------|
| <b>PART II ORGANIZATION</b>  |         |                        |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |         | TELEPHONE 312-654-8817 |
| NATIONAL FIELD RESOURCE NETWORK  |         |                        |
| MAILING ADDRESS (Street)   |         | FAX 312-654-8964       |
| PO BOX 758   |         |                        |
| (City)   | (State) | (Zip Code)             |
| NEWTON   | PA      | 18940                  |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |         | TELEPHONE 808-531-4551 |
| MELODY BUTAY DACANAY   |         |                        |
| MAILING ADDRESS (Street)   |         | FAX 808-533-4601       |
| 222 SOUTH VINEYARD STREET, SUITE 401   |         |                        |

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|          |         |            |
|----------|---------|------------|
| (City)   | (State) | (Zip Code) |
| HONOLULU | HI      | 96813      |

| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                       | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health               | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        |   |

| PART IV CERTIFICATION OF LOBBYIST  |         |
|--|---------|
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. |         |
|                             | 3/21/05 |
| (Signature of Lobbyist)  | (Date)  |

| PART V AUTHORIZATION TO LOBBY  |  |
|--|--|
| NAME   | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
| TIM SMITH  |  |
| NAME OF ORGANIZATION (if applicable)   | TELEPHONE 312-654-8817                             |
| NATIONAL FIELD RESOURCE NETWORK  |  |
| MAILING ADDRESS (Street)   | FAX 312-654-8964                                   |
| PO BOX 758   |  |
| (City)   | (State)  |
| NEWTON   | PA   |
| (Zip Code)   | 18940  |
| I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. |  |
|                         | 3/11/05  |
| (Signature of Authorizing Officer or Person Represented)   | (Date)   |